

MEDICAL CLEARANCE FORM

Name of patient: Date:

You patient is interested in participating in a range of physical activities. These may range from activities as part of a fitness assessment, certain exercise tests, or a physical activity and nutrition based program.

Fitness Assessment: Preceding an actual training program your patient may undergo a fitness assessment. This may include measurements of body composition, aerobic fitness, blood pressure, strength testing, flexibility, lung function or other tests. Aerobic tests may be a sub maximal test (typically stopping at 80-85% of the participant’s heart rate reserve) or a symptom limited maximum test. Strength tests may be sit-up based however strength tests can vary from one health professional to another. The flexibility test is generally a static based stretch.

Personal Program: The exercise routine may be based on a program the patient has written up, or on a routine that a trainer has devised for them. Please ask your patient if they have a sample of that routine.

General Guidelines: If not provided, the exercise base could consist of strength training, aerobic training and flexibility work. Strength training generally consists of one to three sets in excess of 10 repetitions on weight training equipment, free weights, or exercise based routines/classes. Aerobic training is generally done at a moderate intensity, about 60% to 70% of heart rate reserve from 15 minutes up to an hour depending on ability. Flexibility work is generally static stretching.

Your Recommendations: Please indicate what your patient is clear to participate in:

- Strength training** Yes – with no limitations
- Yes – but with limitations
- No participation at all is recommended!

Limitations:
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- Aerobic Training** Yes – with no limitations
- Yes – but with limitations
- No participation at all is recommended!

Limitations:
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Signature of Physician:
Name (printed):
Office address:
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Phone number: